

APPLICATION FOR A LODGING HOUSE LICENSE

Application Fee \$500.00

Date July 21, 2011

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 2011 AUG 24 P 1:49
Amount Paid \$500 - Check
CITY CLERK'S OFFICE SOMERVILLE, MA

- New Application
Renewing Application with Additions or Changes
Renewing Application with NO Additions or Changes

Business Name: Trustees of Tufts University Phone: 617-627-3992

Business DBA Name (if applicable): Latin Way Dormitory

Address with Zip Code: 40A-F Latin Way Somerville, MA 02144

Tax Identification Number: 04-2103634 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): Tufts University Facilities Department

Address with Zip Code: 520 Boston Ave Medford, MA 02155

Property Owner Name: Trustees of Tufts University Phone: 617-627-3992

Address with Zip Code: 520 Boston Ave. Medford, MA 02155

Emergency Contact 1: Dana Andrews Phone: 617-627-3992

Emergency Contact 2: Tufts University Police Phone: 617-627-3030

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust Corporation (inc. LLC) Other

IF A SOLE PROPRIETOR:

Owner's Name:
Address with Zip Code:

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Anthony Monaco

Address with Zip Code: Tufts University Ballou Hall Medford, MA 02155

Partner's/Member's/Secretary's Name: Linda Dixon

Address with Zip Code: Tufts University Ballou Hall Medford, MA 02155

Partner's/Member's/Treasurer's Name: Thomas McGurty

Address with Zip Code: 169 Holland St. Somerville, MA 02145

Number of residents at this lodging house: 216

**ACKNOWLEDGEMENT**

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: Dana P. Andrews Date: 7/21/2011  
Print Name: DANA P. Andrews Phone: 617-627-3992

Obtain the signatures below before submitting this form to the City Clerk for consideration by the Board of Aldermen.

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/22/11</u> <u>[Signature]</u> Police Chief or Designee	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/24/11</u> <u>CAPT. Foley</u> Chief Fire Engineer or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/16/11</u> <u>[Signature]</u> Highways, Lights & Lines Sup't or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/16/11</u> <u>[Signature]</u> Building Inspector or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/16/11</u> <u>[Signature]</u> Health Inspector or Designee	

**MASSACHUSETTS DEPARTMENT OF REVENUE  
REVENUE ENFORCEMENT AND PROTECTION (REAP)  
ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Trustees of Tufts College d/b/a Tufts University  
\*Signature of Individual or Corporate Name (Mandatory)

DARLEEN KARP  7/22/2011  
By: Corporate Officer (Mandatory, if a corporation)

04-2103634  
\*\*Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Latin Way Dorm - Tufts University

Address of taxpayer/applicant's business in Somerville: 40A-F Latin Way Somerville, MA

Address of taxpayer/applicant's home in Somerville: Tufts University 520 Boston Ave, Medford, MA 02155

Taxpayer/applicant's phone: day: 617-627-3992 evening: 617-627-3030

I, (print name) DANA P ANDRUS (Agent), the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 21<sup>ST</sup> day of

July, 20 11. Dana P. Andrus (Agent)  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

Real Estate       Water/Sewer       Personal Property       Other: \_\_\_\_\_

# 09200230      # \_\_\_\_\_      # N/A      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: Q

ORIGINAL STAMP:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street  
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Trustees of Tufts College  
Address: do Risk Management 169 Holland St  
City: Somerville State: MA Zip: 02144 Phone #: 6176273841

- |  |                |  |
|--|----------------|--|
| <input checked="" type="checkbox"/> I am an employer with <u>5000</u> employees (full and/or part time).                       | Business Type: | <input type="checkbox"/> Retail  |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees.  |                | <input type="checkbox"/> Restaurant/Bar/Eating Establishment           |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. |                | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees.                          |                | <input type="checkbox"/> Nonprofit                                     |
|  |                | <input type="checkbox"/> Entertainment                                 |
|  |                | <input type="checkbox"/> Manufacturing                                 |
|  |                | <input type="checkbox"/> Health Care                                   |
|  |                | <input checked="" type="checkbox"/> Other <u>UNIVERSITY</u>            |

Workers' compensation insurance information (if applicable):

Insurance Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Policy #: SELF INSURED License # 702 Expiration Date: 7/1/12

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.  
Signature: David J Slater Date: 8/23/11  
Print Name: DAVID J SLATER

**Official use only. Do not write in this area. To be completed by city or town official.**

City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

- Board of Health
- Building Department
- City/Town Clerk
- Licensing Board
- Selectmen's Office
- Other \_\_\_\_\_